

Emergency Biographical Information



Individuals Requiring Additional Assistance Registry

Date form filled out:

Adult

Child

Last Name:

First Name:

Address:

Phone:

Date of Birth:

Commonly used name/Nickname:

Will person respond to his/her name?

Does your child/family use a password?

If so, What:

DIAGNOSIS

Sex:

Race:

Height:

Weight:

Hair Color:

Eye Color:

Glasses ?

Distinguishing marks:

ALLERGIES:

Current Medications :



<i>Date started</i>	<i>Medicine</i>	<i>Dose</i>	<i>Freq.</i>

SPACE FOR ADDITIONAL MEDICATIONS ON BACK PAGE

Important Contact Information

Home: E-Mail:
Phone: Cell:
School/Work: Phone:
Primary Care Physician: Phone:
Pediatrician: Phone:
Primary Hospital:

Emergency Contacts

At Home Name: Relationship:
Address:
Phone Number: Cell:

At School/Work Name: Relationship:
Address:
Phone Number: Cell:

Others: Name Relationship
Address:
Phone Number: Cell:

Check one: Verbal Non Verbal

If non-Verbal, preferable mode of communication (e.g. Sign, Pictures, word approximations):

Check one Ambulatory Non Ambulatory

Describe medical alert ID or other identifying information carried or worn:

Describe favored places person might wander to:

Please share any other important information that will help identify the risk or assist personnel to communicate, understand, care for and maintain the safety of this person.

RELEASE

I, _____ give my permission to the Town of Westwood to retain this information in a password protected file and distribute this information to first response personnel (Police & Fire) for the sole purpose of identification and assistance to Individuals Requiring Additional Assistance (IRAA). ***I give permission for the use of a school photograph for identification purposes only. I give permission for a Town official to take a picture if one is not available***

Print Name:

Signature: _____

Date:

Current Medications (continued):

<i>Date started</i>	<i>Medicine</i>	<i>Dose</i>	<i>Freq.</i>

SPECIAL INFORMATION OR INSTRUCTIONS (ADD MORE SHEETS IF NECESSARY):